Address:
Seminole Nation of Oklahoma
Tribal Membership Office
P. O. Box 1498
Wewoka, Oklahoma 74884-1498

APPLICATION FOR MEMBERSHIP

Applicant's Name: _____
(First) (Middle) (Last) (Maiden)

Mailing Address: _____ Apt. No.: _____

_____ _____
Phone City State Zip

_____ _____ _____ _____
(Date of Birth) (Sex) (Place of Birth) (Social Security No.)

Ancestor on 1906 Base Roll (Dawes) through whom Membership Rights are Claimed:

Name: _____ Roll No.: _____ Relationship: _____

Degree of Indian Blood: _____ Seminole / Other _____

Is Either Of Your Parents Enrolled As A Member Of Another Tribe(s)? _____ Yes _____ No

If "Yes", Which Parent and What Tribe(s)? _____

Biological Parent(s)' Marital Status (Check One): ___ Single ___ Married ___Separated ___ Divorced

Is Applicant Adopted Or In custody?: _____ Yes _____ No

If Yes, Which Status? _____

IF ADOPTED / CUSTODY: PLEASE SUBMIT LEGAL DOCUMENTATION

Please list below your immediate family living in your household.

Name	Birth Date	Sex	Tribe / Tribes	Total Degree of Indian Blood

SECTION 2, DUAL ENROLLMENT: The dual enrollment prohibition shall be strictly applied; that is, an enrolled member of another Indian tribe shall not be eligible for membership in the Seminole Nation of Oklahoma, regardless of whether he / she relinquishes membership in the other tribe.

I have read and understand the above statement and I certify that the facts contained in the application are true and correct to the best of my knowledge and understanding. Any false statement or misrepresentation of the facts will result in my membership application being denied.

_____ _____
Date Signature of Mother / Father

_____
Signature of Applicant if over 18 years of age

DO NOT WRITE BELOW THIS LINE (THIS SIDE)

DETERMINATION OF TRIBAL MEMBERSHIP RESEARCH DEPT.

1. Applicant meets enrollment eligibility requirement _____
Research Specialist
2. Name of Enrolled Ancestor(s) and Final Roll No(s).

Paternal: _____ (RN) _____ (BAND) _____

Maternal: _____ (RN) _____ (BAND) _____

_____ _____
Enrollment Officer Date Enrolled

	Full Name (Maiden)	ROLL NO.	TRIBE	BAND	LIVING? YES	NO	DEGREE OF SEMINOLE BLOOD
FATHER							
PGF							
PGFF							
PGFM							
PGFFF							
PGFFM							
PGFMF							
PGFMM							
PGFFFFM							
PGFFFM							
PGFFMF							
PGFFMM							
PGM							
PGMF							
PGMM							
PGMFF							
PGMFM							
PGMMF							
PGMMM							
PGMFFF							
PGMFFM							
PGMFMF							
PGMFMM							
MOTHER							
MGF							
MGFF							
MGFM							
MGFFF							
MGFFM							
MGFMF							
MGFMM							
MGFFFF							
MGFFFM							
MGFFMF							
MGFFMM							
MGM							
MGMF							
MGMM							
MGMFF							
MGMFM							
MGMMF							
MGMMM							
MGMFFF							
MGMFFM							
MGMFMF							
MGMFMM							